

VIRGINIA SERVICE REQUEST FORM

TO: BUREAU OF INSURANCE
 AGENTS LICENSING SECTION
 P.O. BOX 1157
 RICHMOND, VA 23218

FROM: _____

Name of Individual or Agency

 Mailing Address (Street, P.O. Box, etc.)

 City

 State

 Zip

 Agent → SS# or VA DMV-Assigned #
 Agency → FEIN

OPTIONS (You may choose more than one)

1. Change of Residence Address and/or Phone Number	5. Request Letter(s) of Clearance
2. Change of Name	6. Request Letter(s) of Certification
3. Correct SSN or FEIN	7. Notification or Change of Trade Name(s)
4. Change of Business Address and/or Phone Number	

NOTE: THE LICENSEE MUST SIGN THE NEXT PAGE OF THIS FORM WHERE SHOWN

1. ☐ CHANGE OF RESIDENCE ADDRESS AND/OR PHONE NUMBER

Note: Nonresident licensees moving to a new state of residency must attach an original home state certification not more than 90 days old.

<u>PRIOR ADDRESS</u>			<u>NEW ADDRESS</u>		
Street Address Required			Street Address Required		
P.O. Box (If Applicable)			P.O. Box (If Applicable)		
City	State	Zip	City	State	Zip
Phone Number			Phone Number		

2. ☐ CHANGE OF NAME

Note: If name change is the result of marriage, attach copy of marriage certificate.
 If name change is the result of divorce, attach copy of divorce decree.
 If name change is the result of a court order, attach a copy of the certificate from the Clerk of the Court, Bureau of Vital Statistics, or other official document indicating a formal name change.

 Name as currently in our records (Last, First, Middle)

 New Name to appear in our records (Last, First, Middle)

3. ☐ CORRECT AGENT SSN OR AGENCY FEIN TO:

Note: Please call the Bureau of Insurance at 804-371-9631 for information regarding documentation needed to change your ID Number.

Agent SS# or VA DMV-Assigned # or Agency FEIN _____

Agent's or Agency's Name _____

4. ☐ CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER

<u>PRIOR ADDRESS</u>			<u>NEW ADDRESS</u>		
Business Name			Business Name		
Street Address			Street Address		
P.O. Box (If Applicable)			P.O. Box (If Applicable)		
City	State	Zip	City	State	Zip
()			()		
Phone Number			Phone Number		

UPON RECEIVING A SERVICE REQUEST FORM REGARDING A CHANGE OF ADDRESS OR TRADE NAME NOTIFICATION, THE BUREAU OF INSURANCE WILL UPDATE OUR SYSTEM AND GENERATE AN ACKNOWLEDGEMENT LETTER THAT WILL REFLECT YOUR NEW RESIDENT ADDRESS OR TRADE NAME. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT LETTER WITHIN 30 DAYS OF SUBMITTING YOUR CHANGE OF ADDRESS OR TRADE NAME NOTIFICATION, YOU SHOULD CONTACT THE BUREAU OF INSURANCE AGAIN.

5. ☐ REQUEST LETTER(S) OF CLEARANCE (Please provide new residence address in number 1 above.)

I have moved from Virginia to the State of _____. Please cancel all my existing Virginia resident insurance licenses and send me a Letter of Clearance.

6. ☐ REQUEST LETTER(S) OF CERTIFICATION

Because Virginia licenses are perpetual, rather than renewable, a duplicate license does not provide current information as to the agent's status or standing. A better means of providing proof of current status is to obtain a Letter of Certification issued by the Bureau. This letter shows the agent's current name, residence address, licenses held and the date of issue for each, and the agent's current continuing education compliance status, if applicable.

Note: You must enclose a mailing label or self-addressed envelope of sufficient size to hold the material requested.

How many copies? _____

7. ☐ NOTIFICATION OR CHANGE OF TRADE NAME(S)

Signature of Licensee or Officer/Principal of Agency

Date